## IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

JOE T. SMITH,

Plaintiff.

٧.

AMERICAN INTERNATIONAL GROUP, INC.; AMERICAN GENERAL CORPORATION: AMERICAN GENERAL FINANCE, INC.; AMERICAN GENERAL FINANCE CORPORATION; MERIT LIFE INSURANCE COMPANY; KIMBERLY SINGLETON; PAT PORTER; ROY T. EVANS; and Fictitious Defendants "A", "B", and "C", whether singular or plural, those other persons, corporations, firms, or other entities whose wrongful conduct caused the injuries and damages to the Plaintiff. all of whose true and correct names are unknown to Plaintiffs at this time, but will be substituted by amendment when ascertained.

CIVIL ACTION NO. \_\_\_\_\_

Defendants.

COUNTY OF CHEROKEE STATE OF GEORGIA

### AFFIDAVIT OF ROBERT S. RITTER

Robert S. Ritter, under oath, states as follows:

- 1. My name is Robert S. Ritter. The statements made in this declaration are based upon my own personal knowledge as more specifically set forth below and, if sworn as a witness, I could testify competently to them.
- 2. I serve as Director of Operations for the State of Alabama and an officer of American General Financial Services, Inc. ("American General"). Attached hereto as Exhibit 1

**EXHIBIT** 

1408454

are true and correct copies of documents reflecting loan transactions between Plaintiff Joe T. Smith and American General, which were created and executed at the time of the loan transactions with Joe T. Smith. They have been maintained in the course of American General's regularly conducted business activity since those transactions, and it is the regular practice of American General to maintain such records.

#### FURTHER AFFIANT SAYETH NOT.

This the 2nd day of November, 2005.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 2nd day of November,

My Commission Expires:

My Commission Expires August 11 2008

1408454

2005.

ACCOUNT NUM		OTE AND SEC	URITY AG			<del></del>	.1		UCAN GENERAL HINANCE	,
7511142	III I I I I I I I I I I I I I I I I I	IF DIFFEREN	NT FROM DA	TE OF NOTE		L				
BOHHOWEH(B)	NAME AND ADD	HESS	)	PAYEE (LE)		RAL FINAN	CR. TN	rc. T		
JOB T SMI	TH		,	2723 BA			· · · · · · · · · · · · · · · · · · ·			
25350 HWY	80 EAST			MONTGON	ERY, AI	36117-1	594			
UNION SPR	INGS, AL 3	6089								
Date of Note	First Payment Due Date	Other Payments Due on Same Date of Each	Final Payms Due Date	1	nt of First (ment	Amount of B Paymen		Amount of Monthly Payment	Total Number of Payments	
08/14/01	09/15/01	Month.	08/15/0	3 \$	91.01	\$ NONB	)	\$ 90.00	24	24
1.\$NONE			TION OF A				17	D410 70		
		urance Co. (Joint Cove urance Co. (Single Co				ranca_ ₹NO		PAID TO PAID TO		
8.5 97.20	Premium to Disabili	ly Insurance Co.		. Texas Paid	to Govt. Ag	oncy \$ NO	NE			
	Premium to Propert	y Insurance Co.\$ <u>NO]</u> ale for Certificate of Ti	A BLOSAMOS 10	<ol> <li>Abstract Fed</li> <li>Altomey Fed</li> </ol>		\$ NO		PAID TO		
5.5 NONE 6.4 NONE	Paid to Public Offici	absforRecording	12	Paid on Pric	Account w	Rh Londer \$	995.3			
	and Releasing Fee		15	<ol> <li>Amount Pail behalf item?</li> </ol>	d to you or o ted below	n your	543.5	8 :	το	
15. <b>\$</b> 495,19 16. 26.29	FINANCE CH	Sum of lines 1 th/u 13) IARGE ————————————————————————————————————	Can	20.7/ 90.0/ IONE IONE	Prepaid F Interest & Prepaid F Prepaid F	Rate of Charge instice Charge yietherge instice Charge instice Charge in Recording Text INANCE CHARGE	VON NOV	3 2001 Coneral Fina		
			E.\$	405.1	9 Interest		MON	11 OF MICH A		
			18, \$	1755.82	PrincipalA	mount of Loun		\$543,58	YOU	
PARTIES:		each and all of the Borrower, each	nose who sig	gned this N	lote and l	Security Agre	ement (	'Agreement') as	s a Borrower.	
TO PAY:	on the unpaid scheduled inte schedule, and	es which included balances at the A rest is to be repa greater if you m , Partial prepayn	Agreed Rate aid in monthl ake paymer	of Charge ly Installments later the	set forth. nts. The an schedu	The total of Finance Cha ited. You ma	the orig urge will ay prepa	inal Principal Ai be less if you may this loan in fi	mount of Load take payment all or in part a	n and suc a ahead
TIME OF REPAYMENT:	day of each su	ent shall be due o coeeding month t	o and includ	ling the Fins	al Paymer	t Due Date.		* " -		
INTEREST SURCHARGE:	full by any mea except that in a	charge of 6% of t ans within 90 day such event, we ca of the interest sur	s of the date in retain an i	e of your lo amount of n	en, you w to less tha	/ill receive a j un \$25. Alter	pro rata 90 days	refund or credit i, the interest su	of the interest	surchar
LATE CHARGE:	If any payment not more than	t is more than 10 \$100,00,	days late, y	ou will pay	5% of the	unpaid amor	unt of the	e payment, but r	noi less than \$	610.00 Br
REQUIRED INSURANCE:	than household obtain the requirements in your pay any claim insurance pur agreement. If and any other cancellation or	maintain insurance of goods) and nar vired insurance of swith evidence or ur collateral. This that you make or chased by us, bu we purchase insur charges we mure rexpiration of the e costs of the insurance	ne us as los om any age of the require of insurance of any claim to attorn the armone for the ay impose in surance.	s payee. Y nt or insure d insurance may, but ne nat is made providing u e collateral, n connectio . The costs	ou agree or of your or coverage ed not, pe against y is with ev you will be on with the	to maintain si cholce, or you e, we may purotect your ini ou in connec- idence that you e responsible e placement asurance ma	such insubit may unchase iterests, ction with you have a for the left the left by be add	urance for the te see any existing haurance at you. The coverage it the collateral. ' e obtained insul costs of that ins insurance, until ded to your tota	rm of the loan policy you over expense to nat we purchase you may later rance as requirements includithe effective of outstanding	<ul> <li>You may</li> <li>You may</li> <li>you cancel and ined by outling interestate of the balance</li> </ul>
CREDIT INSURANCE:	If you voluntal authorize us to You understar extension of co obtain credit in separately sig	rily request credition include it in the land that credit insuredit, and that you reuting the properties of the control of the	t life or disa balance pays urance is no u may obtain Lender, the closura Stat	ability insum able under I it required la a such insum in (a) your i dement, a c	ance, you the note a n connect ance, if you choice to copy of w	acknowledge and security a flon with this ou want it, fro obtain such o thich has be	ge disclo agreemen loan and om any proceedit ins on given	sure of the cos of. d was not a fac erson you choose surance through to you and (b	it of such insultor in the applise. If you have Lender is induction the cost of	urance a roval of t a chosen icated or
	insurance is in	icluded within the	Amount Fin	anced and	nworla a	on the Itemiz	ation of A	Amount Finance	d.	
BY SIGNING ARBITRATIO DISPUTES B BOTH YOU DECIDED BY	BELOW, YOU H N PROVISIONS ETWEEN YOU A AND LENDER W 'AN ARBITRATO	ine multiple pages AVE READ, UNDE THAT PROVIDE, ND LENDER BE 8 ILL HAVE WAIVED OR AND THE DECK ONAL ARBITRATION	RETAND AND AMONG OTT SUBMITTED TO YOUR AND SION OF THE	D AGREE TO HER THING TO BINDING	S, THAT ARBITRA	IMS AND CON EITHER YOU ITION, IF YOU O A TRIAL ET	IDITIONS OR LEN JOR LEN YAJUR	IDEN MAY HEG IDEN ELECTS TO Y OR JUDGE, TI	DIKE THAT CI DUSE ARBITR JE DISPUTE W	ATION,

You acknowledge receipt of a completely filled in copy of this Agreement and the Federal Disclosure Statement on a separate COPY RECEIVED: Shopt.
ITAS IMPORTANT, THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT. CAUTION: Signature of Principal Borrow Signature of Other Borrows Page 1 of 3

ACCOUNT NUMBER ,	]	FE	DERAL D	BCLO	SURE STAT	EMENT	AME	RICAN GENERAI Finance	
7511142									
BORROWER(8) NAME AND	ADORE88			AMER		RAL PINANCE	, INC.		
JOE T SMITH 25350 HWY 80 BAST UNION SPRINGS, AL	36089			1	Bastern Gonery, A	BYP L 36117-159	4		
Date of Loan First Payme Due Date	Due on		finsi Paym Due Dat		mount of First Payment	Amount of Balloon Payment	Amount of Monthly Payment	Total Number of Payments	Term of Loan in Months
08/14/01 09/15/0	Date of Month	EACH	08/15/	03   \$	91.01	\$ NONE	\$ 90.00	24	24
ANNUAL PERCENTAG		FINAN	ICE CHA			IT FINANCED	<del></del>	PAYMENTS	L
The cost of your credit as a ye	early rate		ler amount t ill cost you	he		unt of credit provid on your behalf		પ્રા will have paid payments as sc	
26,2	9 %	\$	495.19	)	\$	1665.82	\$ 2161		
ATE CHARGE: If any pay		than 10	days iate,	you wit	pay 5% of th	e unpaid amoun	t of the payment,	but not less th	an \$10.0
ind not more than \$100.00 PREPAYMENT: If you pay SECURITY: You are glving	off early, you		ave to pay	a pena	ity.	P By	RENEWA	3	
The goods or proper	ty being purc	hased,		• .	or Vehicla		OV 2 3 2001		
[X] Other 1 38"	SONY TV.	, 1 25'	' RCA T	7, 1 5	SONY VCR.		can General Fir ONTGOMERY, AL		
You are giving a sec	unity interest	in your R	eal Estate	located	at	TMT	ONI GOMENTA	-	
The previous Mortga	age/Deed of T	Trust is be	aing retains	ea as be	curity on your	loan.			
ASSUMPTION: Someone to NSURANCE: Credit life as agree to pay the additional nsurance, and you conser- during the three day resclar	nd/or credit d cost. You u nt thereto if y	isability i nderstan	nsurance a d that we i	are not and/or o	required to ob or insurance :	itain a loan and alfiliates anticipat	will not be provide te a benefit and/o	r a profit from	the sale i
Турф	<del></del>		Prei	nium	Signature(s				
Single Decreasing and Single Credit						ingle decre	asing credit	life and	singi
					Signature (s):	Joe -	Smoll	First Named	Borower
			<b> </b>	26.85	<b>;</b>	<u>U</u>		Second Named	
You hereby certify the	it you are e	mploye	d at least	30 ho	ıra per wee	· Dae	Smith		
	CREDIT LIF	E AND	OR DISA	BILITY	INSURANC	E DANCELLA	TION OPTION	Insured Bing	e Disability
CREDIT LIFE AND/OR DIS Date of Loan set forth abo certificate received in cont premiums paid for this cov- of the uneamed premium.	BABILITY CAI we, cancel th nection with the arage will be	NCELLA' le credit l his loan made, Y	TION: If you ife and/or a to the office ou may also	u desin disabilit disabili	a to do ao, you y insurance co a the loan wa al such policy	i may, without pe overage by return s made. Upon o after 30 days, ho	enalty or obligation ning the credit life cancellation, a ful owever, you will or	and disability I rebate of the	insurano insurano
You are required to mainta	In property in	surence	ori persona	al prope	rty securing th			da. You may d	btain suc
You are not required to pu you may obtain the insura have when deciding to put accures your loan other the refund of the premium. A p loan. To cancel you must	nce from any chase insura an a motor v cortion of the	rone you nce with rehicle, y premium	want. You this loan. ou will hav will be reta	u should If you pi e 30 da sined by	i consider an urchase property ays from the d the insurer if	homeowner's carry insurance the ate of purchase cancellation occ	or other insurance rough us which co to cancel the ins	a which you m overs the coils urance and re	ay alread teral whic ceive a fo
If you obtain property insul for a term of <u>0</u> months	ance from or and you will p	through ay \$ <u>NO</u> 1	us which c	overs th	ne collateral w	hich secures you	ur loan other than our insurance aff	a motor vehic Niates anticipa	le, it will i le a bene
and/or a profit from your pu	irchase of ins	uranca.			You want	property insuran	CB		
	11								Bignature
		Diane! is	oformation.	about n	on neument	laterill any requi	ired repayment in		Bignature schedul
	na for eny ag Inds evid beyi						eral Disciosure Si		, ,
	U			-	Joe .	SM/M Irel Named Barrow	9 / <del>ro</del> r	8/	H/O   Date
					Second N	amed Borrower (fi	Applicable)	MGBY.A	Date OZE 006

### **INSURANCE DISCLOSURE SUMMARY**

# AMERICAN **GENERAL**

Borrower Name: JOE T SMITH							
Borrower Address (Street, City,	State,Zlp ) 25350 HWY	80 BAST U	UNION S	SPRINGS,	AL	36089	
Branch Number: 1715	Loan Number:	7511142	Date:	08/14/	01		

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	inbured(s)	PREMIUM
Credit Life	JOE T SMITH	\$ 29.65.
Credit Disability	JOE T SMITH	\$ 97.20
Credit Personal Property		\$ none
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned pramium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALEBPERSON:		0
Pat fates	BORROWER:	Joe Smith
(Signature)		(Signature)
41015	CO-BORROWER:	<i>U</i>
(License Number)		(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

Policy Services - Insurance Operations American General Finance, Inc. 601 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9308

MGBY.4976.0072

ALDISC (Rev. 4-96) (10-27-97) ALQ121

		OTE AND SEC					GENERAL.	
7511142			ICE CHARGE BE NT FROM DATE	GINS TO ACCRUE		American C	INANCE BOSTE COS	noo, in
	NAME AND ADO			YEE (LENDER)	<del></del>		יייים באלים	
			A2	ERICAN GENER	AL FINANCE,		Eartoro 🗔	<b>&gt;∂5\$</b>
JOE T SM				723 BASTERN I		<b>Montgomer</b>	y, A., CO	1 <b>7~1</b> 59
PO BOX 40			Mo	ontgomery, ai	. 36117-1594	(Phone:	\$3.1 - 273 <u>-</u>	2011)
	RINGS, AL 3		,l_	<del>,</del>	<b>,</b>	<del></del>	<u> 34 - 244-2</u>	<del></del>
Date of Note	First Payment Due Date	Other Payments	Final Payment		Amount of Balloon	Amount of Monthly	1	
	LAGE DATE	Due on Same Date of Each	Due Date	Payment	Payment	Payment	of Payments	Months
11/23/01	01/05/02	Month.	12/05/03	\$ 102.13	\$ NONE	\$ 90.00	24	24
- NOND				OUNT FINANCE		DAID WO		
*NONE * 29.65		iurance Co. (Joint Cov iurance Co. (Single Co		uppraisor for Appraisal F Dis Exam Fee/Title Insu		PAID TO		
	Premium to Disabil			People Paid to Gov's, Age			,	
NONE	Premium to Proper	ty Insurance Co.\$ NO	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Ubstract Fee	*NONE	PAID TO		
* NONE	Paid to Public Offic Paid to Public Offic	tals for Certificate of 11 tals for Becombs	59 F999 11. F	Attorney Fee	*NONE th Lander \$ 1483	PAID TO		
NONE	and Releasing Fee	6	13,	Amount Paid to you or or or other terminal below	1 your 55	0.4		
			•			·		
				20 . 74 % Agreed 9		\$		
	i kuu marki aa		A.\$	90.00 Prepaid Fi	nance Charge	\$		
	-	Sum of lines 1 thru 12)	.	Descript D	rcharge nance Charge (Points)	\$		
	FINANCE CH	HARGE —— PERCENTAGE	Canon	- (Mortgage	nance Charge Recording Tso;	\$		
	Total of Payments	PERCENTAGE	DANON		NANCE CHARGE Broke	er Fee 5		·
·- <u></u>			E.S	Paid to		.)   \$		
			<u> </u>					
			18.51	755.82 (Trops)	mount of Loan + 158 + 15C + 15D)	<u> 55.84</u>	YOU	
ARTIES:						t ("Agreement") as d liability"). The w		
	schedule, and	greater if you m	ake payments	later than achedu	led. You may pre	fill be less if you mapay this loan in fu pay this loan in fu paining instatiments	ıllorin panta	
IME OF EPAYMENT:				ment Due Date in the Final Paymen		lowing payments s	hall be due or	ı the sa
nterest Burcharge:	full by any me except that in	ans within 90 day such event, we ca	e of the date o n retain an am	f your loan, you w ount of no less tha	ill neceive a pnonat	rged to you by us. ta refund or credit lys, the interest au on.	of the interest	surcha
ATE CHARGE:	not more than	\$100.00.		•	•	the payment, but r		
REQUIRED NBURANCE:	than household obtain the required provide us interests in you pay any claim insurance pur agreement. If and any other cancellation or obligation. The	id goods) and nar uired insurance it is with evidence or our collateral. This that you make or chased by ue, bu we purchase insu- repurchase insur- rexpiration of the e costs of the insu-	me us as loss pom any agent of the required in a neurance may any claim that at only after properties on a y impose in ce insurance. The ce insurance may be	wayee. You agree or insurer of your 'n neurance coverage, y, but need not, pri is made against y oviding us with ev ollateral, you will be connection with the he costs of the in more than the cos	to maintain such in to maintain such in thoice, or you may purchas object your interests ou in connection with dence that you he are sponsible for the surrance may be a to in lineurance your of insurance your outpersonation.	e on the collateral y use any existing he insurance at you a. The coverage it fifth the collateral. ave obtained insur- ne costs of that inse insurance, until added to your total may be able to obt	m of the loan, policy you ow policy you ow in expense to nat we purchast fou may later ance as requi urance, includ the effective to loutstanding ain on your ow	, You m yn, Unle protect ( se may   cancel a ired by   ing inter date of balance yn,
REDIT						closure of the cos	t of auch insu	rance a
NSURANCE:	You understal extension of c obtain credit is separately sig	nd that credit Inst redit, and that you neurance through med Federal Dis	urance is not re u may obtain su Lender, then ( closure Statem	equired in connect ich insurance, if yo (a) your choice to sent, a copy of w	u want it, from any obtain such credit nich has been giv	nent.  and was not a fact  person you choose  insurance through  ren to you and (b)  Amount Finance	ie. If you have Lender is indi the cost of a	chose: icated o
BY SIGNING ARBITRATIC DISPUTES E BOTH YOU DECIDED BY	BELOW, YOU H ON PROVISIONS BETWEEN YOU A AND LENDER W Y AN ARBITRATY	AVE READ, UNDE THAT PROVIDE, AND LENDER BE	RETAND AND A AMONG OTHER OTHER DYOUR AND LI BION OF THE A	R THINGS, THAT I BINDING ARBITRA FNIDER'S RIGHT TI	MS AND CONDITION EITHER YOU OR L TION, IF YOU OR L O A TRIAL BY A JU	NS IN THIS DOCUM ENDER MAY REQ ENDER ELECTS TO JRY OR JUDGE, TH ATION WILL BE COM	JIRE THAT CE DUSE ARBITR LE DISPUTE W	ATION,
RECEIVED	sheef	1				ederal Disclosure 8	tatement on a	і верап
CAUTION:	TAMPORTA	THAT YOU THOR	OUGHLY READ	THE CONTRACT B	EFORE YOU SKIN T	τ.		
Artina /				001	T	wall.		
Witnesse	11/1/	7	<del></del>	7	Sight	nule of Principal Bon	rewer	
	reit Ho	te		( )				
Witness		K <del></del>			Sig	nature of Other Born	ower	

Page 1 of 8

MGBY,4978,0019

BORROWER(S) NAME / JOB T SNITH PO BOX 402 UNION SPRINGS,	BOX 402 OIS SPRINGS, AL 36089  NORTONESY, AL 36117-1594  Montportery, A. 36117-1594  Montportery, A. 36117-1594  If Proposed to Charles Payment Due on Seme Date of Each 23/01  12/05/02  Month 12/05/03 \$ 102.13 \$ NONE  39.00 24  24  Amount of Payment Payment Due on Seme Date of Each 24/05/03 \$ 102.13 \$ NONE  23/01 01/05/02  Month 12/05/03 \$ 102.13 \$ NONE  39.00 24  24  ZA  MOUNT FINANCED  TOTAL OF PAYMENTS  The amount of oredit provided by you or one-you tended to you are serviced to you or one-you tended to you are serviced to you or one-you tended to you are serviced to you									
PO BOX 402 UNION SPRINGS,		38	<del></del>		LICENS	ED OFFICE: (	LENDERI	American C	eneral Firm	ce, Inc
	AL 36089	)		! !	AMER 1 2723	Can Genei Bastern	RAL FINANCE, BYP	2723 Montgomer (Phone:	Enstein Pur y, Al. (CO) 884 - 273-4	708 7-159 <b>4</b> 1017
Due	Σabe   Dι	ue on 6	āme .	Final Payme Due Dete			Balloon	Amount of Monthly	Total Number	Term of Loan in
11/23/01 01/0			ach	12/05/0	12 8	102 13	. '	_ ′	24	
		E	FINAN				<u> </u>	·	<del></del>	
The cost of your credit a	a yearly rate	,							u will have paid	after you
2	6.14	%	\$	•		1	•		-	ioagioa
The goods or pr The previous MASSUMPTION: Someons	Ming a security being 37" SONY security into ortgage/Deer ne buying yo e and/or created and/or c	TV, erest in our hou	erest in; ased. 1 25' your Ri ust is be use may ability in	RCA TV seal Estate to sing retained not assume	Motor , 1 SC cocated at d as section the rem	Vehicle  NY VCR  urity on your nainder of th quired to ob	a Mortgage on the tain a loan and v	viil not be provid		
nsurance, and you co	nsent theret	io ∦ yol								
Туре				Prem	ilum	Signature (s)				
						credit d			nik.	
				s 1	26.85	(	J			
You hereby certify	that you s	ere em	ployer	at least	30 hour	a per week	2005	Ti Sand	<u> </u>	
Date of Loan set forth cartificate received in premiums paid for this of the unearned premis You are required to ma insurance from anyone You are not required to you may obtain the in have when decking to secures your loan oth secures your loan oth	DISABILITY above, canceonnection a coverage within aintain prope you want, o purchase is surance from purchase is ar than a mo	Y CAN: cel the with thi ill be m  pri enty inscriptovic propert n enyo nsuranx otor vei	CELLAT credit il a loan il ade. You ERSON urance ode it thro y insura ne you ce with il hicle, you	TON: If you fe and/or do the office ou may afect IAL PROFON personal with the control of the con	u desire u desire v d	to do so, you insurance on the loan was such policy of the loan was such policy or securing the cy with loss hold goods to consider any chase propers from the different policy.	may, without pen werage by returning made. Upon ce after 30 days, how E DISCLOSUR is loan other than payable to us. to homeowner's or inty insurance through take of purchase to the same of the control of the take of purchase to the same of the control of the take of purchase to the same of the control of the take of purchase to the same of the control of the take of purchase to the control of the control of	walty or obligation ing the credit life incellation, a full wever, you will or the household good in If you choose other insurance ugh us which oc o cancel the insu	and disability rebate of the hybe entitled to is. You may o to have such which you ma yours the collater urance and rec	insurance insurance o a refund o a refundo a refundo a fullo colvo colvo a fullo colvo a fullo colvo colvo a fullo colvo colvo colvo colvo a fullo colvo c
loan. To cancel you m If you obtain property for a term of <u>0</u> mor	ust retum yo risurance fro the and you	our polik om or ti I will pa	cy/certif hrough t y \$ <u>NON</u>	icate or mai us which co	ke a writt wers the	en request to collateral wi so understan	o this office. Nich secures your d that we and/or o	loan other than our insurance affi	a motor vehicl	e, it will be
		1				You want	property insurance	•	,	lane b
, ,		. K					····			പ്രവസവം
,		Ί.							{	ilgnature

## **INSURANCE DISCLOSURE SUMMARY**

#### **AMERICAN** GENERAL FINANCE

Borrower Name: JOE T SNITH			
Borrower Address (Street, City, S	state, Zip ) 20 BOX 402 UNION S	SPRINGS, AL 36089	
Branch Number: 1715	Loan Number: 7511142	Date: 11/23/01	

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	MSURED(S)	PRÉMIL
Credit Life	JOE T SMITH	\$ 29.6
· Credit Disability	JOE T SMITH	\$ 97.2
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
	,	\$
		\$
***************************************		\$

I understand that if I later decide that i do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Ptease read your policy/certificate for applicable benefits, restrictions and limitations.

BORROWER: CO-BORROWER: (Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

Policy Services - Insurance Operations American General Finance, Inc. 801 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9306

MGBY 4976.0048

AMERICAN

ACCOUNT NUM		DIE AND SEC				<del></del>		GENER	AL
7511142	1	PE DATE FINAN B IF DIFFEREN			EGINS TO ACCRUE			FINANCE	
	NAME AND ADD		ii i i i i i i i i i i i i i i i i i i		YEE (LENDER)				
1			•	AN	ERICAN GENEF	RAL FINANCE,	INC.		
JOR T SMI	TH			TW	IIN OAKS VILI	.AGB	<b></b>		}
25350 HWY	80 EAST			HC	ONTGOMERY, AL	. 36117-1594	(C)		
1	INGS, AL 3	6089		1	····, ,-		<u> </u>	7 (2) 1	. 1
Date of Note	First Payment	Other Payments	Pinal Pay		Amount of First	Amount of Balloon	Amount of Mor	thly Total Nur	nber Term of
	Due Date	Due on Same	Due D		Payment	Payment	Payment	of Paym	1, , ,
j	<del></del>	Date of Each			, <b>,</b>	. =,=	,,		Months
06/28/01	08/05/01	Month.	01/05	/03	\$ 80.06	\$ NONE	\$ 75.	00 1	3   18
	<del></del>	ITEMIZA	TION O	FAM	OUNT FINANCI				
1.5 NONE		uranos Co. (Joint Cove			ppreter for Appraisal F		PAXO TO		
F ( 00		urance Co. (Single Co	Alerange)		Ne Exam Fee/Tibe Insu		PAID TO		
	Premium to Disabili		770		faces Paid to Gov't, Apr	ncysNONE	GAID TO		
4.5 NONE	Premium to Proper	y Insurance Co.s NO) lule for Certificate of T	L OLCONALIS	11. 7	Utomey Fee	*NONE			
64 16.80	Paid to Public Urna	ings for Hecording	Ar Person	19. 1	hid on Prior Account w	The I market & NONR			
	and Releasing Fee	•		18. A	unount Paid to you or o whalf itemized below -	nyour s QR7	.20 s	***	
					-			10	
					23,00% Agreed	Rain of Charge	<u> </u>	·	
			ĨÃ	\$	KO OG Prepald F	nence Charge			
145 1072.69	Amount Financed (	Sum of lines 1 thru (3)		NON		rcharge nance Charge (Points)	(*		
15.5 282,37	FINANCE CH	ARGE		NON	Prepekt R	hance Charpe			
		PERCENTAGE	DAYE	NON		Recording Tax)			
	Total of Payments		] -	TI VI		NANCE CHARGE Brok	W P90		
	•		E.		(Peid to 222,37 interest		_) <b>_</b>		
			[ -		244.J) emiliar	·	5		
			18,	<b>-</b> _1	132.69 71:48	mount of Loan + 158 + 16C + 16O1	*987,20	)YOU_	
PARTIES:	"You" means a	each and all of th				Security Agreemer	nt ("Agreement"	as a Borrov	ver, if there is
						(Toint and seven			
	mean Lender.				-	•	• •		
PROMISE	You agree and	promise to pay th	e orlgina	Princ	close Amount of La	oan (Amount Finar	vns sulo bear	Interest Surci	harge, Prepaid
TO PAY:						cers Fee and Mort			
	on the unpaid	balances at the A	greed Ru	ate of	Charge set forth.	The total of the d	original Principa	Amount of L	can and such
	scheduled inte	rest is to be repa	id in mor	ethly is	netaliments. The	Finance Charge w	ill be less if yo	u make paym	nents ahead of
	achedule, and	greater if you ma	ake paym	nents	later than achedu	iled. You may pri	spay this loan i	n full or in p	art at any time
	without penalty	/. Partial prepaym	ent will n	ot def	er or delay your of	oligation to pay rem	naining installm	ents.	
TIME OF	The first navm	ent shall be due o	n the Ein	rt Pau	mant Dua Data in	dicated and the fo	llowing nevmen	te shall he di:	e on the same
REPAYMENT:					the Final Paymer		noning paymon		ON WID COM
				-	·			um Hanning lan	an in sumaniel in
INTEREST						anced may be cha			
SURCHARGE:						rill receive a prore			
						ın \$25. After 90 da ated in this provisk		aurcharge is	rully earned by
	_		-		· ·				
LATE			days late	you '	will pay 5% of the	unpaid amount of	the payment, b	ul not less th	an \$10.00 and
CHARGE:	not more than								
REQUIRED	-		•			of physical damag		. •	
INSURANCE:						to maintain such i			
						choice, or you ma			
						e, we may purcha			
						otect your interest			
						ou in connection v			
	insurance pur	chased by us, bu	t only aft	er pro	oviding us with ev	idence that you h	ave obtained in	sumance as i	equired by our
	agreement. If	we purchase insu	nance for	the c	ollateral, you will b	e responsible for t	he costs of that	insurance, in	cluding interest
						e placement of th			
						surance may be			
OBEDIT						t of insurance you			
CREDIT INSURANCE:						acknowledge dia		COST OF BUCH	FIGURE CANCE
INDUMANUE:						nd security agreen tion with this loan		factor in the	ennove of the
						ou want it, from am			
						obtain such credit			
						hich has been giv			
						on the Itemization			Or GGGH, Groun
MANE. 75.1. A							or yarroanter a na	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					portant Information		No IN THIS DAY	DUEST MCI	DOMO THE
ARRITRATIO	DELUW, TOUR	AVE HEAD, UNDER	ASTAND A	MID A	MINEE TO THE TEN	MS AND CONDITIONS ENTHER YOU OR I	ENDER MAY R	EQUIRE THA	CERTAIN
DISPUTES B	ETWEEN YOU A	ND LENDER BE 8	UBMITTE	סד ס	BINDING ARBITRA	TION. IF YOU OR I	JENDER ELECTI	S TO USE ARI	SITRATION,
BOTH YOU	and Lender W	ILL HAVE WAIVED	YOUR A	ᄡᇝᄔ	ender's rkint d	O A TRIAL BY A J	ury or judge	, THE DISPUT	E WILL BE
		OR AND THE DECISIONAL ARBITRATION			REFINATOR WILL	be final. Arbitr	NINA WILL DE	ONDOUGH EN	. 511057411
LO LIE HOL	vi 1112 [04]]								
COPY Y	You acknowled	e receipt of a con	npletely f	i beli	n copy of this Aar	eement and the F	ederal Disclosu	re Statement	on a separate
RECEIVED: 8	sheet.	•							-
		THAT YOU THOR	OUGHLY	READ	THE CONTRACT B	EFORE YOU BIGN	Τ. ,		
7	120	<b>~</b>			· // m		Can H.		
Witness	1-112(	$\Rightarrow$				Binn	ature of Principal	Borrower	
م لہ	in Wall	Ji H	70.		( )	Jigir			
Witness 🗥	invenu	<u> </u>							
—-(	· //	()		_		86	gnature of Other I		
	U	V		٩	Page 1 of 3			MGRA	.4978.0049

	BER		FE	DERAL D	18CL06	SURE STAT	EMENT		RICAN Generai <sup>Binange</sup>	
7511142	j							••		
BORROWER(8) N	NAME AND ADD	RESB		~	LICENS	SED OFFICE: (	LENDER)			
100 T 04175			-		AMERI	CAN GENE	RAL FINANCE,	INC.		
JOB T SMITH 25350 HWY 8 UNION SPRIM	BO KAST	089		·		OAKS VILI OMERY, AI	LAGE 26117-1594			
Date of Loan	First Payment Due Date	Other P Due on Date of		Final Paym Due Date		nount of First Payment	Amount of Balloon Payment	Amount of Monthly Payment	Total Number of Payments	Term o Loan i Month
06/28/01	08/05/01	Month	LEGUI	01/05/0	3 \$	80.06	NONE	\$ 75.00	18	18
ANNUAL PER	CENTAGE F	ATE	FINAN	CE CHAP	RGE	AMOUN	T FINANCED	TOTAL OF F	PAYMENTS	
The cost of your o	xedit as a yearly	fale		er expount th Il cost you	10		int of credit provided on your behalf		u will have paid payments as sci	after yo
	30.32	%	s s	282.37		. , , , , ,	1072.69	\$ 1355	•	IBGUREU
ING NOT MOTE THAT PREPAYMENT: ECURITY: YOU	in \$100.00. If you pay off a	early, you ecurity in eing purc	will not h tenest in: hased,	eve to pay	a penalt	y. Vehicia	a unpaid amount	of the payment,	but not less th	 an \$10
The pravides the pravides of the pravides of the pray the surance, and y	redit life and/or additional cost ou consent the	Deed of T ngyourho r credit di t. You u ereto if yo	rust is be ouse may eablity in nderstand	ing retained not assum surance as I that we as	d as seci e the ren re not re nd/or out	urity on your i mainder of the equired to obt r insurance a	oan. s Mortgage on the iain a loan and w Milates arricipate perfod appliea, th	not be provid a benefit and/or	a profit from t	he sale
ning the three o	day rescission	period.		7						
Туре				Prem	hum	8ignature(s)				
Single Decr and Single							ngle decrea		life and	sing
				}	l	Signature(s):_/	The same	Smith	First Named	Borrowe
				\$	68.69	(	<del>/</del> -		Second Named	Borrow
	ertify that yo	H are et	nployed	at least :	30 hour	e per week	C 20 02	7 7 -11		
You hereby c						•	1	- inches	Insured-Single	Disabil
CREDIT LIFE AN late of Loan set effificate receiveremiums paid for the unearmed;	ND/OR DISABIL t forth above, of ed in connection or this coverage premium.	LITY CAN cancel the on with the e will be r poperty ins	ICELLAT o credit lit lia loan to nada. Yo 'ERSON turance o	OR DISAB ION: If you is and/or d to the office or may also AL PROP	idesire to isability in where to cancel PERTY in property	NSURANCE to do so, you insurance con the loan was such policy a INSURANCE y securing this	e CANCELLATI may, without pen- verage by returnis made. Upon ca fter 30 days, how E DISCLOSURI s loan other than	alty or obligation, ng the credit life ncellation, a full ever, you will on	and disability rebate of the ly be entitled to	s from insurai Insurai o a refi
CREDIT LIFE AN pate of Loan set entificate receiveremitume paid for the unearmed programmer from au range from from the preceive and the course from the preceive from the course from the preceive from the from th	ND/OR DISABII t forth above, to d in connects or this coverage premium. I to maintain pr rnyone you war sired to purchas the insurance if fing to purchas un other than a mium. A portio you must return	LITY CAN cancel this on with it e will be r  poperty ine it, or prov se proper from any e insurar motor ve on of the p n your poin	CELLAT  credit In  cre	DR DISAB ON: If you be and/or do the office or may also AL PROP in personal ugh an extence on you want. You bis loan. If u will have will be retail ate or make	desire to desire	NSURANCE to do so, you insurance coi the loan was such policy a inSURANCE y securing the icy with loss p hold goods to consider any chase proper s from the da he insurer if c en request to	may, without pen- verage by returnis made. Upon ca fter 30 days, how E DISCLOSURI is idean other than avable to us. I secure this loan homeowner's or ty insurance through the of purchase to anceliation occur this office.	alty or obligation, ng the credit life ncellation, a full ever, you will on in the control of household good: If you choose to other insurance ugh us which co- cancel the insults s more than 30 d	within 30 day, and disability rebate of the ty be entitled to s. You may of the have such it which you may vers the collain rance and recays from the days f	s from insural insural or a refundation suran averan who elive a late of
CREDIT LIFE AN exte of Loan set of Loan set of the uneamed process of the present of t	ND/OR DISABII t forth above, to d in connects or this coverage premium. If to maintain pre nyone you wan uired to purchas the insurance if fing to purchas un other than a mium. A portio nyou must retur perty insurancemontits and y	LITY CAN cancel this cancel this a will be reporty instituted from any instituted from any instituted from any instituted from any instituted from or the reporty out will put will will be w	CELLAT  credit life is loan to nade. Yo  ERSON  urance o ide it thro fy insurer one you to ce with it bicle, yo  viremlum icy/certific  through u  ay \$NONI  ay \$NONI  complete  sylventific  through u  ay \$NONI  complete  sylventific  through u  ay \$NONI  sylventific  through u  ay \$NONI  complete  sylventific  through u  ay \$NON	OR DISABION: If you be and/or do the office or may also will be reading the analysis of the office or you want. You had be read in the office or make so which co	ILITY III I desire to isability if where to cancel PERTY I property sting policity policity pure should of you pure 30 days ned by the cea written were the	NSURANCE to do so, you insurance cor the loan was such policy a securing the rescuring	may, without pen- verage by returnis made. Upon ca fter 30 days, how E DISCLOSURI is loan other than avable to us. a secure this loan homeowner's or ty insurance thro to of purchase to ancellation occur this office. ich secures your i that we and/or o	alty or obligation, ng the credit life ncellation, a full ever, you will on in the control of the control of other insurance igh us which come cancel the insurance or other than a ur insurance affili	within 90 day and disability rebate of the ty be entitled to s. You may obto have such a which you may vers the collaterance and reclays from the collaterance are motor vehicle.	s from insural losural or a refundation suran al value a late of a, it will
CREDIT LIFE AN exte of Loan set of Loan set of the uneamed process of the present of t	ND/OR DISABII t forth above, to d in connects or this coverage premium. If to maintain pre nyone you wan uired to purchas the insurance if fing to purchas un other than a mium. A portio nyou must retur perty insurancemontits and y	LITY CAN cancel this cancel this a will be reporty instituted from any instituted from any instituted from any instituted from any instituted from or the reporty out will put will will be w	CELLAT  credit life is loan to nade. Yo  ERSON  urance o ide it thro fy insurer one you to ce with it bicle, yo  viremlum icy/certific  through u  ay \$NONI  ay \$NONI  complete  sylventific  through u  ay \$NONI  complete  sylventific  through u  ay \$NONI  sylventific  through u  ay \$NONI  complete  sylventific  through u  ay \$NON	OR DISABION: If you be and/or do the office or may also will be reading the analysis of the office or you want. You had be read in the office or make so which co	ILITY III I desire to isability if where to cancel PERTY I property sting policity policity pure should of you pure 30 days ned by the cea written were the	NSURANCE to do so, you insurance cor the loan was such policy a securing the rescuring	may, without pen- verage by returnis made. Upon ca fiter 30 days, how E DISCLOSURI is controlled to us. is ecure this loan homeowner's or ty insurance throite of purchase to ancellation occur this office.	alty or obligation, ng the credit life ncellation, a full ever, you will on in the control of the control of other insurance igh us which come cancel the insurance or other than a ur insurance affili	within 30 day and disability rebate of the ty be entitled to s. You may obto have such it which you may vers the collaterance and reclays from the coarmotor vehicle intes anticipate.	s from insurar insurar insurar o a refunction of a refunction
CREDIT LIFE AN exte of Loan set of Loan set of the uneamed process of the present of t	ND/OR DISABII t forth above, to d in connects or this coverage premium. If to maintain pre nyone you wan uired to purchas the insurance if fing to purchas un other than a mium. A portio nyou must retur perty insurancemontits and y	LITY CAN cancel thice will be r operly insert operly insert operly insert operly insert or prove se proper from any oe insurar in motor ve in of the in your pol of from or you will pu	CELLAT  credit life is loan to nade. Yo  ERSON  urance o ide it thro fy insurer one you to ce with it bicle, yo  viremlum icy/certific  through u  ay \$NONI	OR DISABION: If you be and/or do the office or may also will be reading the analysis of the office or you want. You had be read in the office or make so which co	ILITY III I desire to isability if where to cancel PERTY I property sting policity policity pure should of you pure 30 days ned by the cea written were the	NSURANCE to do so, you insurance cor the loan was such policy a securing the rescuring	may, without pen- verage by returnis made. Upon ca fter 30 days, how E DISCLOSURI is loan other than avable to us. a secure this loan homeowner's or ty insurance thro to of purchase to ancellation occur this office. ich secures your i that we and/or o	alty or obligation, ng the credit life ncellation, a full ever, you will on in the control of the control of other insurance igh us which come cancel the insurance or other than a ur insurance affili	within 50 day and disability rebate of the ty be entitled to s. You may of to have such it which you ma vers the collate rance and rec ays from the co a motor vehicle intes anticipate	insural insural insural insural obtain suran suran y alrea sale of a late of a late of
CREDIT LIFE AN Date of Loan set settificate received remiums paid for it the unearmed programmer from au fou are not required ou may obtain to have when decidate fund of the prescent. To cancel of you obtain propor a term of 10 and/or a profit from the prescent fr	ND/OR DISABII t forth above, to d in connects or this coverage premium. If to maintain pri nyone you wan uired to purchas the insurance if ding to purchas un other than a milum. A portio you must return perty insurancemonths and y m your purchas t documents to	UTY CAN cancel the con with the will be reported in anyone the control of the property of the	ICELLAT a credit If it is loan to nade. Yo rescondit If it is loan to nade. Yo rescondit If it is loan to nade. Yo rescondit if it is remitted to the remitted	DR DISAB ION: If you e and/or do to the office or may also at PROP n personal ugh an extence on you want. You his loan. If u will have will be retail ate or mak a which co	ILITY II desire to desire	NSURANCE to do so, you insurance con the loan was such policy a inSURANCE insurance insurance to securing the icy with loss p hold goods to consider any chase proper is from the da the Insurer if c en request to collateral wh to understand You want p	may, without pen- verage by returnis made. Upon ca fter 30 days, how E DISCLOSURI is loan other than avable to us. a secure this loan homeowner's or ty insurance thro to of purchase to ancellation occur this office. ich secures your i that we and/or o	alty or obligation, or the credit life nocellation, a full ever, you will on the credit life nocellation, a full ever, you will on the content of the content insurance against the insurance affiliation of the content insurance affiliation of the content in the content insurance affiliation of the content i	within 30 day and disability rebate of the ty be entitled to s. You may of to have such it which you ma vers the collait rance and rec ays from the c a motor vahicle intes anticipate	s from insurar
CREDIT LIFE AN Date of Loan set settificate receivementums paid for the unearmed producer from au courance from au courany obtain the save when decided accuracy your load refund of the prescent. To cancel of you obtain profit from the prescent of the pre	ND/OR DISABII t forth above, to d in connects or this coverage premium. If to maintain pri nyone you wan uired to purchas the insurance if ding to purchas un other than a milum. A portio you must return perty insurancemonths and y m your purchas t documents to	UTY CAN cancel the can	ICELLAT a credit If it is loan to nade. Yo rescondit If it is loan to nade. Yo rescondit If it is loan to nade. Yo rescondit if it is remitted to the remitted	DR DISAB ION: If you e and/or do to the office or may also at PROP n personal ugh an extence on you want. You his loan. If u will have will be retail ate or mak a which co	ILITY II desire to desire	NSURANCE to do so, you insurance con the loan was such policy a inSURANCE insurance insurance to securing the icy with loss p hold goods to consider any chase proper is from the da the Insurer if c en request to collateral wh to understand You want p	may, without pen- verage by returnis made. Upon ca for 30 days, how E DISCLOSURI is con other than ayable to us. secure this loan homeowner's or ty insurance throw to go purchase to ancellation occur this office. ich secures your it that we and/or o property insurance effault, any require	alty or obligation, or the credit life nocellation, a full ever, you will on the credit life nocellation, a full ever, you will on the content of the content insurance against the insurance affiliation of the content insurance affiliation of the content in the content insurance affiliation of the content i	within 30 day and disability rebate of the ty be entitled to s. You may of to have such it which you ma vers the collait rance and rec ays from the c a motor vahicle intes anticipate	s from insurar
CREDIT LIFE AN lette of Loan set ertificate receiveremiums paid for fithe unearmed; for are not required our may obtain the ave when decidecures your load efund of the preson. To cancel you obtain proport a term of 20 and/or a profit from the profit of the preson.	ND/OR DISABII t forth above, to d in connects or this coverage premium. If to maintain pri nyone you wan uired to purchas the insurance if ding to purchas un other than a milum. A portio you must return perty insurancemonths and y m your purchas t documents to	UTY CAN cancel the can	ICELLAT a credit If it is loan to nade. Yo rescondit If it is loan to nade. Yo rescondit If it is loan to nade. Yo rescondit if it is remitted to the remitted	DR DISAB ION: If you e and/or do to the office or may also at PROP n personal ugh an extence on you want. You his loan. If u will have will be retail ate or mak a which co	ILITY II desire to desire	NSURANCE to do so, you insurance con the loan was such policy a inSURANCE insurance insurance to securing the icy with loss p hold goods to consider any chase proper is from the da the Insurer if c en request to collateral wh to understand You want p	may, without pen- verage by returnis made. Upon ca for 30 days, how E DISCLOSURI is con other than ayable to us. secure this loan homeowner's or ty insurance throw to go purchase to ancellation occur this office. ich secures your it that we and/or o property insurance effault, any require	alty or obligation, or the credit life nocellation, a full ever, you will on the credit life nocellation, a full ever, you will on the content of the content insurance against the insurance affiliation of the content insurance affiliation of the content in the content insurance affiliation of the content i	within 30 day and disability rebate of the ty be entitled to s. You may of to have such it which you ma vers the collait rance and rec ays from the c a motor vahicle intes anticipate	insuranin